## **Request to Modify Protective Order**



Case Number:	District:		
County:	State: Utal		
Judge:			
Commissioner:			

Address and phone # (to keep private, leave blank):  Street  City State Zip  Phone #:  Name and phone number of Petitioner's attorney (if any):  Priver's license issued by (State):  Expect  City State Zip  Describe Respondent:  Sex Race Date of Birth Ht.  Social Secur (only the last 4 n)  Distinguishing features (like scars, tattoos, limp. et al.)  Distinguishing features (like scars, tattoos, limp. et al.)  Diver's license issued by (State):  Expires						eople who e with you		otection	(relative	s or people
City State Zip  Phone #:  Name and phone number of Petitioner's attorney (if any):  Respondent (person you need to be protected from):  Sex Race Date of Birth Ht.  Sex Race Date of Birth Ht.  Eyes Hair Social Secur (only the last 4 in Distinguishing features (like scars, tattoos, limp, etc.)  City State Zip Driver's license issued by (State): Expires  Respondent's Employer (Name and address):  Other places to find Respondent (other work locations, relatives, friend, hangouts, etc. – include city/state/zip on each address, if possible)  Describe Respondent:  Eyes Hair Social Secur (only the last 4 in Distinguishing features (like scars, tattoos, limp, etc.)  Distinguishing features (like scars, tattoos, limp, etc.)  Phone in this address					Name			Age		Relationship to Petitioner
Phone #:  Name and phone number of Petitioner's attorney (if any):  Respondent (person you need to be protected from):  Sex Race Date of Birth Ht.  Social Secur (only the last 4 in Positionary):  Eyes Hair Social Secur (only the last 4 in Positionary):  Distinguishing features (like scars, tattoos, limp. of Distinguishing features):  City State Zip Driver's license issued by (State): Expires  Respondent's Employer (Name and address):  Other places to find Respondent (other work docations, relatives, friend, hangouts, etc. – include city/state/zip on each address, if possible)  Phone in this address	Address and phone #	(to keep private, leav	/e blank,	):					ιο	Pelilioner
Phone #:	Street									
Respondent (person you need to be protected from):    County   State   Zip	City	State	Zip							
Respondent (person you need to be protected from):    Respondent (person you need to be protected from):   Sex   Race   Date of Birth   Ht.	Phone #:									
Eyes Hair Social Secur (only the last 4 n)  Eyes Hair Social Secur (only the last 4 n)  Eyes Hair Social Secur (only the last 4 n)  Eyes Hair Social Secur (only the last 4 n)  Distinguishing features (like scars, tattoos, limp. e)  Diver's license issued by (State): Expires  Expires  Other places to find Respondent (other work locations, relatives, friend, hangouts, etc. – include city/state/zip on each address, if possible)  Eyes Hair Social Secur (only the last 4 n)  Distinguishing features (like scars, tattoos, limp. e)  Driver's license issued by (State): Expires  Expires  Other places to find Respondent (other work locations, relatives, friend, hangouts, etc. – include city/state/zip on each address, if possible)	Respondent (pe	rson you need to b	e proted	cted from):	Describ					
Other names used:					Sex	Race	Date	of Birth	Ht.	Wt.
Address (street):  City State Zip Driver's license issued by (State): Expires  Respondent's Employer (Name and address):  Other places to find Respondent (other work locations, relatives, friend, hangouts, etc. – include city/state/zip on each address, if possible)  Distinguishing features (like scars, tattoos, limp. etc.)  Driver's license issued by (State): Expires  Expires  Phone must this address  relative, friend, etc.)					Eyes	s H	     Iair			
City State Zip Driver's license issued by (State): Expires  Respondent's Employer (Name and address):  Other places to find Respondent (other work locations, relatives, friend, hangouts, etc. – include city/state/zip on each address, if possible)  Distinguishing features (like scars, tattoos, limp. e  Driver's license issued by (State): Expires  Expires  Location type (work, relatives to find at this address this addr	Relationship to Petitic	oner:								
Respondent's Employer (Name and address):  Other places to find Respondent (other work locations, relatives, friend, hangouts, etc. – include city/state/zip on each address, if possible)  Location type (work, relative, friend, etc.)  Phone in this address  Phone in this address	Address (street):				Distingu	iishing featu	ıres (like	e scars, tat	ttoos, lim	o. etc.):
Other places to find Respondent (other work locations, relatives, friend, hangouts, etc. – include city/state/zip on each address, if possible)  Location type (work, relative, friend, etc.)  Best times to find at this address  This address	City	State	e Zip		Driver's	Driver's license issued by (State):			Expires:	
locations, relatives, friend, hangouts, etc. – include city/state/zip on each address, if possible)  relative, friend, etc.)  this address  this address	Respondent's Employ	yer (Name and add	ress):							
city/state/zip on each address, if possible)				Location	type (work,				Phone	number
Describe Respondent's vehicle(s):			include	relative, j	friend, etc.)	this	address	<u>-</u>		
Describe Respondent's vehicle(s):										
Describe Respondent's vehicle(s):										
Describe Respondent's vehicle(s):										
	Describe Respondent	's vehicle(s):	_				_			
<u>Make</u> <u>Model</u> <u>Color</u> <u>License Pla</u>	Make		<u>Model</u>			Color		<u>License Plates</u>		
		<b>+</b>								

	•	parole?   Yes   No If yes, list the name of the probation/parole agency, the
office	er, and the telephone number l	here:
		er do you have now? (Check one, and attach a copy of your protective order to this form. signed by this court on (date):
	☐ Protective Order, signed by t	his court on (date):
V	Why do you want this order	changed?
_		
_		
_		
_		
	☐ Check here if you need more	space and attach a separate sheet of paper to this form.
	• •	
	ase, Judge, I am asking	you to:
	ase, Judge, I am asking  Order the Responde  Issue a new (modifi	
Plea	ase, Judge, I am asking  Order the Responde  Issue a new (modifi	you to: ent to go to a court hearing ed) order to replace the current order. Please make the modified order the same a cept for the change(s) below.
Plea	order the Responder Issue a new (modified the current order ex	you to: ent to go to a court hearing ed) order to replace the current order. Please make the modified order the same a cept for the change(s) below.
Plea	order the Responder Issue a new (modified the current order ex	you to: ent to go to a court hearing ed) order to replace the current order. Please make the modified order the same a cept for the change(s) below.
Plea	order the Responder Issue a new (modified the current order ex	you to: ent to go to a court hearing ed) order to replace the current order. Please make the modified order the same a cept for the change(s) below in the current order to:
	Order the Responde Issue a new (modifithe current order ex	you to: ent to go to a court hearing ed) order to replace the current order. Please make the modified order the same a cept for the change(s) below in the current order to:
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## The Petitioner must read and sign below:

I swear that:

- I am the Petitioner and I have read this Request to Modify Protective Order.
- I understand it is a serious crime to lie to get a Protective Order. If I lie, I can be charged with a felony, punishable by up to 5 years in prison. ( $Utah\ Code\ \S\ 30-6-4(1)(b)(i)$ )
- The statements in this *Request* are true and correct to the best of my knowledge.
- I believe I have the right to the protective orders I have asked for in this *Request*.
- I am not using this *Request* to harass the Respondent or to abuse the judicial process.

Date:	Petitioner's signatur	e:	
Clerk or Notary Public f	ills out below:		
Subscribed and swo	orn to before me on (date):	in	County, Utah
	, Clerk / No	tary Public	
Clerk or Notary's S	ignature:		